MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/550967**   FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2	/							52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7	/	/						57						
8		/						58						
9		/						59						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	16							TOTAL CLAIMS						